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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	Filed herewith
Filing Date	Filed herewith
First Named Inventor	Thiebaut
Title	Integrated Process for Acetic Acid
Art Unit	
Examiner Name	
Attorney Docket Number	ACE-16/US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

23508

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	06/23/06
Name	Flora Kyriacou	Telephone	35725209999
Title and Company	Director, Acetex (Cyprus) Limited		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

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Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

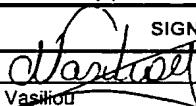
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**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	06/23/06
Name	Maria Vasilou	Telephone	35725209999
Title and Company	Director, Acetex (Cyprus) Limited		

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Application Number	Filed herewith
Filing Date	Filed herewith
First Named Inventor	Thibaut
Title	Integrated Process for Acetic Acid
Art Unit	
Examiner Name	
Attorney Docket Number	ACE-16US

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Practitioner associated with the Customer Number:

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Name	Registration Number

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Zip:

Country:

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Email:

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/16)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	08/13/08
Name	Eric K. K. Kao	Telephone	357252525999
Title and Company	Director, Acetox (Cayman) Limited		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.

\*Total of 2 forms are submitted.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	Filed herself/himself
Filing Date	Filed herself/himself
First Named Inventor	Thibault
Title	Integrated Process for Acetic Acid
Art Unit	
Examiner Name	
Attorney Docket Number	ACE-1658

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number: 23558

OR

Practitioner(s) named below:

Name	Registration Number

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The address associated with Customer Number:

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<input type="checkbox"/> Firm or Individual Name:			
Address:			
City:	State:	Zip:	
Country:			
Telephone:	Email:		

OR

Applicant/Inventor:

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(d) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature:	<i>Maria Yankova</i>	Date:	08/06/08
Name:	Maria Yankova	Telephone:	(357) 252-209299
Title and Company:	Director, Acetox (Oy) Limited		

NOTE: Signatures of all the inventors or assignees of record of the entire interest (or their representatives) are required. Submit multiple forms if more than one signature is required. See below.

Total of 2 forms are submitted.

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